



You need Adobe Reader 9.0 to view this form. Yo	u can download Ado	be Read	der free of charge.		
PLEASE ENSURE THIS FORM IS COMPLETED ONLI	NE (TYPED)				
Enter Customer ID		(Country		
Select Bank		I	Bank Address		
I/we request that you arrange for the following Do	cumentary Credit to	be amer	nded as follows:		
GENERAL					
Credit Number	New Tolerance				
				+/-	%(if any)
Credit Amount	Currency				
New Credit Amount	Currency				
Current Expiry Date (dd/mm/yyyy)	New Expiry Date (d	d/mm/y	уууу)		
PARTIES					
Applicant		ı	Beneficiary		
Name		ı	Name		
Ref No.					

DOCUMENTARY CREDIT AMENDMENT FORM



SHIPMENT		
Port of Loading/Airpor	t of Departure	Place of Taking Charge/Dispatch From/Receipt
Place of Final Destinati	on/For Transportation To/Place of Delivery	Port of Discharge/Airport of Destination
Latest Shipment Date		
Please specify any cha	nges to the Goods Description / Shipment details here	2
ATTRIBUTES		
Additional conditions		
Please specify any cha	inges to the additional conditions here	
SETTLEMENT INSTRU	CTIONS	
Principal	At payment debit account No.	
Timeipai	At payment finance at our cost in	for days
	FEC / Deal No.	Due date
Charges	Debit Account No.	
	Cash Cover	
	(if Applicable) Debit Account No.	

DOCUMENTARY CREDIT AMENDMENT FORM



This application is subject to the terms in the ANZ Trade Terms booklet. We confirm that ANZ has provided us with a copy of the booklet and all other applicable documents and recommends that we read them and seek clarification from ANZ about any issues of concern.

SIGNATORY					
Company / Business Name					
Include company identification number if applicable					
ABN (only applicable in Australia)	Date (dd/mm/yyyy)				
Authorised Signature	Authorised Signature				
Name of Authorised Signatory	Name of Authorised Signatory				
Company stamp or chop (if applicable):					
BANK USE ONLY					
OTL Cust ID					
	ture/s Checked Fax Indemnity Checked				
TRO/TSO Name & Phone Sanct	ions Checked Workability Checked				